

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TOM ROONEY FOR CONGRESS

ADDRESS (number and street)
▼

1133 BAL HARBOR BLVD. 1139 #186

Check if different
than previously
reported. (ACC)

PUNTA GORDA

FL

33950

2. FEC IDENTIFICATION NUMBER ▼

C

C00432906

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

08

D D /

07

Y Y Y Y /

2014

through

M M /

09

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer

PAUL KILGORE

[Electronically Filed]

Date

M M /

10

D D /

15

Y Y Y Y /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 42

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	85750.00	532399.24
(b) Total Contribution Refunds (from Line 20(d))	0.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	85750.00	527199.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19578.76	416511.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7868.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	19578.76	408642.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	424974.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 42

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

10500.00

156266.78

(ii) Unitemized

250.00

27709.80

(iii) TOTAL of contributions from individuals

10750.00

183976.58

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

75000.00

348422.66

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

85750.00

532399.24

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

2507.22

16076.45

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

7868.94

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

72.42

986.23

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4).....

88329.64

557330.86

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 42

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19578.76	416511.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5200.00
21. OTHER DISBURSEMENTS	7100.00	210965.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	26678.76	632676.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	363323.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	88329.64
25. SUBTOTAL (add Line 23 and Line 24).....	451652.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26678.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	424974.16

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

5 L CATTLE LLC

Mailing Address 9996 US HIGHWAY 98 N

City

OKEECHOBEE

State

FL

Zip Code

34972

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
09 29 2014

Transaction ID : SA11AI.53551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JACOB LARSON

Mailing Address PO BOX 2122

City

OKEECHOBEE

State

FL

Zip Code

34973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

5L CATTLE LLC

PARTNER

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 29 2014

Transaction ID : SA11AI.53552

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

PARTNERSHIP 5 L CATTLE LLC

Full Name (Last, First, Middle Initial)

BENNY ALBRITTON

Mailing Address PO BOX 266

City

WAUCHULA

State

FL

Zip Code

33873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ALBRITTON MANAGEMENT GROUP, LLC

MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1600.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SA11AI.53576

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 42
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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 NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BENNY W ALBRITTON SR. Mailing Address 206 N 6TH AVE. <table style="width: 100%;"> <tr> <td style="width: 33%;">City WAUCHULA</td> <td style="width: 33%;">State FL</td> <td style="width: 33%;">Zip Code 33873</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer NONE</td> <td style="width: 66%;">Occupation RETIRED</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </td> </tr> </table>			City WAUCHULA	State FL	Zip Code 33873	Name of Employer NONE	Occupation RETIRED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 30 2014</div> </div> Transaction ID : SA11AI.53575 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City WAUCHULA	State FL	Zip Code 33873									
Name of Employer NONE	Occupation RETIRED										
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>										
B. Full Name (Last, First, Middle Initial) CLARK R BAXLEY Mailing Address 25942 RISEN STAR DR. <table style="width: 100%;"> <tr> <td style="width: 33%;">City WESLEY CHAPEL</td> <td style="width: 33%;">State FL</td> <td style="width: 33%;">Zip Code 33544</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer INFORMATION REQUESTED</td> <td style="width: 66%;">Occupation INFORMATION REQUESTED</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> </td> </tr> </table>			City WESLEY CHAPEL	State FL	Zip Code 33544	Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 30 2014</div> </div> Transaction ID : SA11AI.53570 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
City WESLEY CHAPEL	State FL	Zip Code 33544									
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED										
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>										
C. Full Name (Last, First, Middle Initial) FERDINAND F BECKER Mailing Address PO BOX 730 <table style="width: 100%;"> <tr> <td style="width: 33%;">City ARCADIA</td> <td style="width: 33%;">State FL</td> <td style="width: 33%;">Zip Code 34265</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer PEACE RIVER CITRUS PRODUCTS, INC.</td> <td style="width: 66%;">Occupation AGRICULTURE</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </td> </tr> </table>			City ARCADIA	State FL	Zip Code 34265	Name of Employer PEACE RIVER CITRUS PRODUCTS, INC.	Occupation AGRICULTURE	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 30 2014</div> </div> Transaction ID : SA11AI.53574 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	
City ARCADIA	State FL	Zip Code 34265									
Name of Employer PEACE RIVER CITRUS PRODUCTS, INC.	Occupation AGRICULTURE										
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>										
SUBTOTAL of Receipts This Page (optional)			<div style="border: 1px solid black; padding: 2px; text-align: right;">1750.00</div>								
TOTAL This Period (last page this line number only)			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>								

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 42
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) NORMAN L BLACK JR.			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 1860 PINNACLE DR			Transaction ID : SA11AI.53566	
City LAKELAND	State FL	Zip Code 33813	Amount of Each Receipt this Period <div> <div></div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer PEACE RIVER PACKING CO.		Occupation CITRUS FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>500.00</div> </div>		

Full Name (Last, First, Middle Initial) MR. BEN H. GRIFFIN III			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address PO BOX 128			Transaction ID : SA11AI.53571	
City FROSTPROOF	State FL	Zip Code 33843	Amount of Each Receipt this Period <div> <div></div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer BEN HILL GRIFFIN, INC.		Occupation CHAIRMAN AND CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>1250.00</div> </div>		

Full Name (Last, First, Middle Initial) JOSH HOLLY			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 825 SOUTH MONROE STREET			Transaction ID : SA11AI.53553	
City ARLINGTON	State VA	Zip Code 22204	Amount of Each Receipt this Period <div> <div></div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer THE PODESTA GROUP		Occupation GOVERNMENT AND PUBLIC RELATIONS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>500.00</div> </div>		

SUBTOTAL of Receipts This Page (optional)	<div> <div></div> <div>1750.00</div> </div>
TOTAL This Period (last page this line number only)	<div> <div></div> </div>

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRENT M JAQUET

Mailing Address 3660 BAY DR.

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAVAROCCHI RUSCIO DENNIS ASSOCIATES

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.53513

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KEVIN JUSTICE

Mailing Address 125 MARLBERRY CIR

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGHLAND GLOBAL SOLUTIONS LLC

Occupation

PRESIDENT/CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

Transaction ID : SA11AI.53538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KEVIN E METHENY

Mailing Address 390 E STUART ST.

City

BARTOW

State

FL

Zip Code

33830

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.53564

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. EUGENE C. MOONEY

A.

Mailing Address 1139 S LAKE REEDY BLVD

City

FROSTPROOF

State

FL

Zip Code

33843

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEN HILL GRIFFIN, INC.

Occupation

AGRIBUSINESS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.53565

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ELIZABETH MORRA

B.

Mailing Address 6219 POINDEXTER LN

City

ROCKVILLE

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

PODESTA GROUP

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.53535

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JEFFREY S SHOCKEY

C.

Mailing Address 10900 PLEASANT HILL DR.

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHOCKEY SCOFIELD SOLUTIONS

Occupation

GOVT RELATIONS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.53522

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 42
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MICHAEL SPARKS			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 513 MIRABAY BLVD			Transaction ID : SA11AI.53563	
City	State	Zip Code		
APOLLO BEACH	FL	33572		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer FLORIDA CITRUS MUTUAL		Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		
B. Full Name (Last, First, Middle Initial) SHIMON STEIN			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 2122 MASSACHUSETTS AVE. NW APT. 61			Transaction ID : SA11AI.53536	
City	State	Zip Code		
WASHINGTON	DC	20008		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer BLANK ROME GOVERNMENT RELATIONS		Occupation LOBBYIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) MR. VICTOR B STORY			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 4200 DUNMORE DR			Transaction ID : SA11AI.53567	
City	State	Zip Code		
LAKE WALES	FL	33859		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer STORY GROVE		Occupation CITRUS GROWER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		
SUBTOTAL of Receipts This Page (optional).....			1500.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. KYLE R. STORY

Mailing Address PO BOX 1221

City

BABSON PARK

State

FL

Zip Code

33827

FEC ID number of contributing
federal political committee.

C

Name of Employer

STORY GROVE SERVICE

Occupation

CITRUS GROWER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.53573

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DAVID WHEELER

Mailing Address PO BOX 2573

City

LAKE PLACID

State

FL

Zip Code

33862

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHEELER FARMS, INC

Occupation

FARMER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.53568

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MARK WHEELER

Mailing Address 22204 DEER POINTE XING

City

BRADENTON

State

FL

Zip Code

34202

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHEELER FARMS, INC.

Occupation

CITRUS GROWER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.53569

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

10500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 42

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLIANT TECHSYSTEMS INC. EMPLOYEE CITIZENSHIP FUND

Mailing Address 1300 WILSON BLVD
 SUITE 400

City	State	Zip Code
ROSSLYN	VA	22209

FEC ID number of contributing
federal political committee.

C C00250209

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.53582

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 7TH ST NW STE 700

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11C.53530

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CPA'S PAC

Mailing Address 220 LEIGH FARM RD

City	State	Zip Code
DURHAM	NC	27707

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.53580

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) AMERICAN MEAT INST PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		26		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		26		2014									
Mailing Address 1150 CONNECTICUT AVE NW STE 1200		Transaction ID : SA11C.53558											
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>						2500.00				
					2500.00								
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td>C00024281</td> </tr> </table>		C	C00024281								
C	C00024281												
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>							2500.00					
					2500.00								
B. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOC PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	08		24		2014
M M M	/	D D D	/	Y Y Y Y Y									
08		24		2014									
Mailing Address 25 MASSACHUSETTS AVE NW STE 600		Transaction ID : SA11C.53554											
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>						1500.00				
					1500.00								
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td>C00000422</td> </tr> </table>		C	C00000422								
C	C00000422												
Name of Employer	Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>							1500.00					
					1500.00								
C. Full Name (Last, First, Middle Initial) AMERICAN PRINCIPLES PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		30		2014									
Mailing Address 20533 BISCAYNE BLVD STE 250		Transaction ID : SA11C.53578											
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td>C00492579</td> </tr> </table>		C	C00492579								
C	C00492579												
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>							500.00					
					500.00								
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>4500.00</td> </tr> </table>							4500.00				
					4500.00								
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGIST PAC

Mailing Address 520 N NORTHWEST HWY

City	State	Zip Code
PARK RIDGE	IL	60068

FEC ID number of contributing federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2014

Transaction ID : SA11C.53555

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
ARDA ROC-PAC

Mailing Address 1201 15TH ST NW STE 400

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00358663

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11C.53584

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1300 17TH ST N

City	State	Zip Code
ARLINGTON	VA	22209

FEC ID number of contributing federal political committee.

C C00281212

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11C.53579

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BALL CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		23		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
09		23		2014										
Mailing Address PO BOX 5000		Transaction ID : SA11C.53527												
City BROOMFIELD	State CO	Zip Code 80038	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00				
FEC ID number of contributing federal political committee. C C00039461														
Name of Employer		Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>												1000.00
										1000.00				
B. Full Name (Last, First, Middle Initial) BGR PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		23		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
09		23		2014										
Mailing Address 601 THIRTEENTH STREET, NW ELEVENTH FLOOR SOUTH		Transaction ID : SA11C.53533												
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00				
FEC ID number of contributing federal political committee. C C00359588														
Name of Employer		Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>												1000.00
										1000.00				
C. Full Name (Last, First, Middle Initial) BOEING PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
09		30		2014										
Mailing Address 1200 WILSON BLVD		Transaction ID : SA11C.53597												
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>3000.00</td> </tr> </table>											3000.00
										3000.00				
FEC ID number of contributing federal political committee. C C00142711														
Name of Employer		Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>6000.00</td> </tr> </table>												6000.00
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SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>5000.00</td> </tr> </table>												5000.00
										5000.00				
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td></td> </tr> </table>												

FOR LINE NUMBER:
(check only one)

Diagram illustrating a 1D lattice with 6 sites. The sites are labeled 11a, 11b, 11c, 11d, 12, 13a, 13b, 14, and 15. Site 11c is marked with an 'X' in the top box, indicating a defect or excitation.

NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

FEC Schedule A (Form 3) (Revised 02/2009)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EMC CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 171 SOUTH STREET

City State Zip Code
HOPKINTON MA 01748

FEC ID number of contributing
federal political committee.

C C00385948

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 23 2014

Transaction ID : SA11C.53531

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ERNST & YOUNG PAC

Mailing Address 1101 NEW YORK AVE NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00227744

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SA11C.53599

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
FLORIDA CITRUS MUTUAL PAC

Mailing Address PO BOX 1809

City State Zip Code
LAKELAND FL 33802

FEC ID number of contributing
federal political committee.

C C00131607

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 23 2014

Transaction ID : SA11C.53526

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....

8500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
 NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

A.

Mailing Address 1156 15TH STREET, NW
 SUITE 329

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C C00413567

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.53532

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
 NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

B.

Mailing Address 1875 I STREET, NW
 SUITE 600

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C C00303339

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.53577

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOC. PAC

C.

Mailing Address 1101 KING ST STE 600

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11C.53489

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOC. PAC

A.

Mailing Address 1101 KING ST STE 600

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SA11C.53586

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

NATIONAL CHICKEN COUNCIL PAC

B.

Mailing Address 1015 15TH ST NW STE 930

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00034272

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

5500.00

Date of Receipt

M M / D D / Y Y Y Y
09 17 2014

Transaction ID : SA11C.53514

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE

C.

Mailing Address 1850 M STREET, NW
SUITE 540

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SA11C.53587

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....

9500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 22 OF 42

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NFIB SAFE TRUST

Mailing Address 1201 F ST NW STE 200

City

WASHINGTON

State

DC

Zip Code

20004

 FEC ID number of contributing
 federal political committee.

C C00101105

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11C.53557

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

NRA PAC

Mailing Address 11250 WAPLES MILL RD

City

FAIRFAX

State

VA

Zip Code

22030

 FEC ID number of contributing
 federal political committee.

C C00053553

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11C.53560

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

PRICEWATERHOUSECOOPERS PAC

Mailing Address 1301 K ST NW STE 800W

City

WASHINGTON

State

DC

Zip Code

20005

 FEC ID number of contributing
 federal political committee.

C C00107235

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11C.53523

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 42

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) REALTORS PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		23		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		23		2014									
Mailing Address 430 N MICHIGAN AVE		Transaction ID : SA11C.53525											
City CHICAGO	State IL	Zip Code 60611											
FEC ID number of contributing federal political committee. C C00030718		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>4000.00</td> </tr> </table>							4000.00				
					4000.00								
Name of Employer 		Occupation 											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>9000.00</td> </tr> </table>							9000.00				
					9000.00								
B. Full Name (Last, First, Middle Initial) REALTORS PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		30		2014									
Mailing Address 430 N MICHIGAN AVE		Transaction ID : SA11C.53581											
City CHICAGO	State IL	Zip Code 60611											
FEC ID number of contributing federal political committee. C C00030718		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Name of Employer 		Occupation 											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>10000.00</td> </tr> </table>							10000.00				
					10000.00								
C. Full Name (Last, First, Middle Initial) SEAWORLD PARKS & ENTERTAINMENT INC PAC (SEAWORLD PARKS & ENTERTAINMENT PAC)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		30		2014									
Mailing Address 9205 SOUTH PARK CENTER LOOP SUITE 400		Transaction ID : SA11C.53596											
City ORLANDO	State FL	Zip Code 32819											
FEC ID number of contributing federal political committee. C C00501163		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>							1500.00				
					1500.00								
Name of Employer 		Occupation 											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>							1500.00				
					1500.00								
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>6500.00</td> </tr> </table>							6500.00				
					6500.00								
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

FOR LINE NUMBER:
(check only one)

Diagram illustrating a 2x6 grid structure with labels 11a, 11b, 11c, 11d, 12, 13a, 13b, 14, and 15. The grid is composed of two rows of three cells each, with a single cell to the right of the bottom row. The labels are positioned to the right of each cell. The cell labeled 11c contains an 'X'.

NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

1000.00



75000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CRENSHAW ROONEY COMMITTEE

A.

Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121

City

ATHENS

State

GA

Zip Code

30606

FEC ID number of contributing
federal political committee.

C C00560391

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4927.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	17	/	2014

Transaction ID : SA12.53506

Amount of Each Receipt this Period

1969.96

TRANSFER OF NET JFC FUNDS

Full Name (Last, First, Middle Initial)

JASON M HALBERG

B.

Mailing Address 5751 THOROUGHbred LANE

City

SOUTHWEST RANCHES

State

FL

Zip Code

33330

FEC ID number of contributing
federal political committee.

C

Name of Employer

PUREbred BREEDERS LLC

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

Transaction ID : SA12.53507

Amount of Each Receipt this Period

500.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

Full Name (Last, First, Middle Initial)

MR. KENNETH J. FELD

C.

Mailing Address 9609 HALTER CT.

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

FELD ENTERTAINMENT

Occupation

CHAIRMAN & CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

Transaction ID : SA12.53508

Amount of Each Receipt this Period

1500.00

[MEMO ITEM]
TRANSFER IN AFFILIATED

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1969.96

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) AIRBUS GROUP, INC. PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 2550 WASSER TERRACE SUITE 9000		Transaction ID : SA12.53509	
City HERNDON	State VA	Zip Code 20171	
FEC ID number of contributing federal political committee. C C00421230		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	
		[MEMO ITEM] TRANSFER IN AFFILIATED	
B. Full Name (Last, First, Middle Initial) KRAIG M SIRACUSE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 2201 WOODMONT RD		Transaction ID : SA12.53510	
City ALEXANDRIA	State VA	Zip Code 22307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation PARK STRATEGIES MANAGER			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
		[MEMO ITEM] TRANSFER IN AFFILIATED	
C. Full Name (Last, First, Middle Initial) CRENSHAW ROONEY COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121		Transaction ID : SA12.53511	
City ATHENS	State GA	Zip Code 30606	
FEC ID number of contributing federal political committee. C C00560391		Amount of Each Receipt this Period 537.26	
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4927.22	
		TRANSFER OF NET JFC FUNDS	
SUBTOTAL of Receipts This Page (optional).....		537.26	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OSHKOSH CORPORATION EMPLOYEES PAC

Mailing Address P.O. BOX 2566

2307 OREGON STREET

City

OSHKOSH

State

WI

Zip Code

54903

FEC ID number of contributing federal political committee.

C C00304477

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA12.53512

Amount of Each Receipt this Period

1500.00

[MEMO ITEM]

TRANSFER IN AFFILIATED

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

0.00

2507.22

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 42

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input checked="" type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	------------------------------------	--

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

GULFSTREAM BANK**A.**

Mailing Address 2400 SE MONTEREY RD STE 100

City
STUARTState
FLZip Code
34996FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

707.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2014

Transaction ID : SA15.53490

Amount of Each Receipt this Period

31.57

BANK INTEREST

Full Name (Last, First, Middle Initial)

GULFSTREAM BANK**B.**

Mailing Address 2400 SE MONTEREY RD STE 100

City
STUARTState
FLZip Code
34996FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

738.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA15.53561

Amount of Each Receipt this Period

30.55

BANK INTEREST

Full Name (Last, First, Middle Initial)

SUNTRUST BANK**C.**

Mailing Address 111 SE OSCEOLA ST

City
STUARTState
FLZip Code
34994FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

243.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA15.53491

Amount of Each Receipt this Period

5.66

BANK INTEREST

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

67.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 42

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 ☒ 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) SUNTRUST BANK			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014		
Mailing Address 111 SE OSCEOLA ST			Transaction ID : SA15.53562		
City	State	Zip Code	Amount of Each Receipt this Period 4.64		
STUART	FL	34994	BANK INTEREST		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 248.02		
Name of Employer		Occupation	Election Cycle-to-Date 248.02		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 248.02			
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			
SUBTOTAL of Receipts This Page (optional).....			4.64		
TOTAL This Period (last page this line number only).....			72.42		

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City	State	Zip Code
FORT LAUDERDALE	FL	33336

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2014

Amount of Each Disbursement this Period

29.05

Transaction ID : SB17.53487

B. CHARLOTTE COUNTY REPUBLICAN CLUB

Mailing Address PO BOX 512332

City	State	Zip Code
PUNTA GORDA	FL	33951

Purpose of Disbursement
EVENT SPONSORSHIP

001

Candidate Name

CHARLOTTE COUNTY REPUBLICAN CLUB

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.53521

C. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121

City	State	Zip Code
ATHENS	GA	30606

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

2044.91

Transaction ID : SB17.53488

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2973.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121

City	State	Zip Code
ATHENS	GA	30606

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

2007.20

Transaction ID : SB17.53517

B. RED PLEDGE

Mailing Address 53 LAKE MORTON DR STE 110

City	State	Zip Code
LAKELAND	FL	33801

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2014

Amount of Each Disbursement this Period

57.58

Transaction ID : SB17.53486

C. RED PLEDGE

Mailing Address 53 LAKE MORTON DR STE 110

City	State	Zip Code
LAKELAND	FL	33801

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

Amount of Each Disbursement this Period

36.33

Transaction ID : SB17.53539

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2101.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STONERIDGE GROUP

Mailing Address 4400 N POINT PKWY STE 190

City	State	Zip Code
ALPHARETTA	GA	30022

Purpose of Disbursement
WEB HOSTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.53504

B. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2014

Amount of Each Disbursement this Period

1639.48

Transaction ID : SB17.53494

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2014

Amount of Each Disbursement this Period

253.27

Transaction ID : SB17.53495

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1694.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

City	State	Zip Code
ORLANDO	FL	32839

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

24.70

Transaction ID : SB17.53496

[MEMO ITEM]

B. UPS STORE

Mailing Address 2336 S.E. OCEAN BLVD

City	State	Zip Code
STUART	FL	34995

Purpose of Disbursement
SHIPPING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

66.70

Transaction ID : SB17.53497

[MEMO ITEM]

C. AT&T

Mailing Address PO BOX 105262

City	State	Zip Code
ATLANTA	GA	30348

Purpose of Disbursement
CELL PHONE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

143.36

Transaction ID : SB17.53498

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TRABUE

Mailing Address 258 W MARION AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

City	State	Zip Code
PUNTA GORDA	FL	33950

Amount of Each Disbursement this Period

440.06

Purpose of Disbursement
EVENT CATERING

001

Transaction ID : SB17.53499

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

City	State	Zip Code
BETHESDA	MD	20817

Amount of Each Disbursement this Period

119.06

Purpose of Disbursement
LODGING

001

Transaction ID : SB17.53500

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. FILOMENA RISTORANTE

Mailing Address 1063 WISCONSIN AVE. NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

City	State	Zip Code
WASHINGTON	DC	20007

Amount of Each Disbursement this Period

326.10

Purpose of Disbursement
EVENT CATERING

001

Transaction ID : SB17.53501

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE PERFECT CAPER

Mailing Address 121 E MARION AVE

City	State	Zip Code
PUNTA GORDA	FL	33950

Purpose of Disbursement
MEETING EXPENSE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

4586.45

Transaction ID : SB17.53502

[MEMO ITEM]

B. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

4586.45

Transaction ID : SB17.53534

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

243.13

Transaction ID : SB17.53541

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4586.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONGRESSIONAL LIQUOR

Mailing Address 404 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT BEVERAGES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

31.79

Transaction ID : SB17.53542

[MEMO ITEM]

B. AT&T

Mailing Address PO BOX 105262

City	State	Zip Code
ATLANTA	GA	30348

Purpose of Disbursement
CELL PHONE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

143.36

Transaction ID : SB17.53543

[MEMO ITEM]

C. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

City	State	Zip Code
ORLANDO	FL	32839

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

11.70

Transaction ID : SB17.53544

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

City	State	Zip Code
PHOENIX	AZ	85034

Amount of Each Disbursement this Period

3667.40

Purpose of Disbursement
AIRFARE

001

Transaction ID : SB17.53545

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 8320 LOCKWOOD RIDGE RD.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

City	State	Zip Code
SARASOTA	FL	34243

Amount of Each Disbursement this Period

45.20

Purpose of Disbursement
EVENT SUPPLIES

001

Transaction ID : SB17.53546

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS

Mailing Address 410 1ST ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

City	State	Zip Code
WASHINGTON	DC	20003

Amount of Each Disbursement this Period

149.73

Purpose of Disbursement
MEETING EXPENSE

001

Transaction ID : SB17.53547

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JUPITER BEACH RESORT

Mailing Address 5 FLORIDA A1A

City	State	Zip Code
JUPITER	FL	33477

Purpose of Disbursement
LODGING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2014

Amount of Each Disbursement this Period

280.25

Transaction ID : SB17.53548

[MEMO ITEM]**B. THE M GROUP**

Mailing Address 100 LUNA PARK DR. #158

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 13 / 2014

Amount of Each Disbursement this Period

5550.00

Transaction ID : SB17.53480

C. THE M GROUP

Mailing Address 100 LUNA PARK DR. #158

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 13 / 2014

Amount of Each Disbursement this Period

2037.16

Transaction ID : SB17.53481

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7587.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINDOWS CATERING COMPANY

Mailing Address 5724 GENERAL WASHINGTON DR.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

City	State	Zip Code
ALEXANDRIA	VA	22312

Amount of Each Disbursement this Period

1605.73

Purpose of Disbursement
EVENT CATERING

001

Transaction ID : SB17.53482

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Full Name (Last, First, Middle Initial)

B. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

City	State	Zip Code
ORLANDO	FL	32839

Amount of Each Disbursement this Period

41.43

Purpose of Disbursement
POSTAGE

001

Transaction ID : SB17.53483

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Full Name (Last, First, Middle Initial)

C. HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW STE 500W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

City	State	Zip Code
WASHINGTON	DC	20001

Amount of Each Disbursement this Period

390.00

Purpose of Disbursement
EVENT FACILITY RENTAL

001

Transaction ID : SB17.53484

Candidate Name

HONEYWELL INTERNATIONAL PACCategory/
Type**[MEMO ITEM]**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 42

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAROL PLATT FOR CONGRESSMailing Address 4417 13TH STREET
BOX 172

City ST CLOUD State FL Zip Code 34769

Purpose of Disbursement
CONTRIBUTIONCandidate Name
CAROL PLATTOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	D D	Y Y Y Y
09	10	2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.53505

B. COFFMAN FOR CONGRESS

Mailing Address 4950 S YOSEMITE STREET F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement
CONTRIBUTIONCandidate Name
MICHAEL COFFMANOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: CO District: 06

Date of Disbursement

M M	D D	Y Y Y Y
09	25	2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.53549

C. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
CONTRIBUTIONCandidate Name
JOE HECKOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: NV District: 03

Date of Disbursement

M M	D D	Y Y Y Y
09	18	2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.53520

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

